CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	Christopher	MI	OFFICE USE ONLY
NAME	NICKNAME C.J.	Salone	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5433 County Road 311, Grandview, TX 76050			
5 CANDIDATE/ OFFICEHOLDER PHONE	(817)	PHONE NUMBER 946-3278	EXTENSION	Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Cindy FIRST	МІ	Date Processed
	NICKNAME	Brown	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5537 County Road 311 Grandview Texas 76050			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(817) 372-9924			
9 REPORT TYPE	January 15 July 15	30th day before e	- Supported Madified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
	J saly 10	our day before the	Reporting Limit	
10 PERIOD COVERED	Month O	Day Year / 01 / 2024	THROUGH O	Day Year / 25 / 2024
11 ELECTION	Month Day	Year Primary General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know) Constable Pct 4	n)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE! OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
CONNTT TEE(0)	COMMITTEE TYPE	COMMITTEE NAME	//4	
Additional Pages	GENERAL COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ &
	4. TOTAL POLITICAL EXPENDITURES	\$ 1805 29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C LAST DAY OF THE REPORTING PERIOD	FTHE \$ 1/2 596 61
GREET TO SECURE AND ADMINISTRATION OF THE PARTY AND ADMINISTRA	wear, or affirm, under penalty of perjury, that the accompanying report is truguired to be reported by me under Title 15, Election Code.	e and correct and includes all information
		0
		X11/17
		1) 97
	Signature of Co	andidate or Officeholder
24	Please complete either option below	v:
	RUTH MOORE	
	Notary Public, State of Texas	
	Notary ID# 13341754-1	
/// Am ! "	My Commission Expires 10-27-2025	
(1) Affidavit		
NOTARY STAMP/SEA	- ()	
Sworn to and subscribed	before me by Sull Michael this the	26th day of February.
		day or realization.
20 <u>24</u> , to certify	which, witness my hand and seal of office.	
Signature of officer administe		Title of officer administering oath
	OR	
(2) Unsworn Declaration	on /	
/-	hour SAlove	alalazza
My name is	, and my date of birth is	9//8/17++
My address is 543	3 (2311 GRANDEW.	TexAS 76050 Johnson
,	(street) (city)	state) (zip code) (country)
Executed in Johnson	County, State of TOAK, on the 26 day of File	2024
Executed III	county, state of, on the day of	(year)
		78-
	Signature of Candi	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Chris 'CJ' Salone 20 Filer ID (Ethics Com				
	DULE SUBTOTALS OF SCHEDULE		SUBTOTAL AMOUNT	
ı. [SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8	
. [SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
\$. <u></u>	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
i. [SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
s. [SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
).	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUR	NDS	\$	
D	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
. [SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TONS RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				1 Total pages Schedule A1:
2 FILER NAME Chris 'CJ' Sal		VA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
	6 Contributor address;		State; Zip Code	
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	itions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;		State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;		State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITI	ONAL COPIES	OF THIS SCHEDULE AS N	IEEDED

PLEDGED CONTRIBUTIONS

SCHEDULE B

If the requested information is not applicable, DO NOT include this page in the report.				
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule B:		
² FILER NAME Chris 'CJ' Sa	lone \sqrt{A}	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF	UNITEMIZED PLEDGES	\$		
5 Date	6 Full name of pledgor out-of-state PAC (ID#:	8 Amount 9 In-kind contribution description		
	7 Pledgor address; City; State; Zip Code			
		Check if travel outside of Texas. Complete Schedule T.		
10 Principal occu	pation / Job title (See Instructions) 11 Employer (See	e Instructions)		
Date	Full name of pledgor	Amount I In-kind contribution of Pledge \$ I description		
	Pledgor address; City; State; Zip Code			
		. Check if travel outside of Texas. Complete Schedule T.		
Principal occup	ation / Job title (See Instructions) Employer (Se	e Instructions)		
Date	Full name of pledgor	Amount of In-kind contribution Pledge \$ description		
	Pledgor address; City; State; Zip Code			
		Check if travel outside of Texas. Complete Schedule T.		
Principal occup	pation / Job title (See Instructions) Employer (Se	e Instructions)		
Date	Full name of pledgor	Amount of In-kind contribution Pledge \$ description		
	Pledgor address; City; State; Zip Code			
		Check if travel outside of Texas. Complete Schedule T.		
Principal occup	eation / Job title (See Instructions) Employer (See	e Instructions)		
	·			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District
Other (enter a category not listed above)

Total pages Schedule F1 2 FILER NAME Chais
Amount (\$) Amount
Amount (\$) 84 65 1205 E fm f Classet Tx 4603/ PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Meth d Rect Amplija (c) Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Date Payee name 1/3 Payee name Similar Amount Tx 4603/ Check if Austin, Tx, officeholder living expense Office sought Office held
PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Payee name // 3 Payee name // 3 Payee name // 3 Category (See Categorius instruction and office schedule T. Check if Austin, TX, officeholder living expense Office sought Office held
Complete ONLY if direct expenditure to benefit C/OH Payee name Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Office held Office held Office sought Office held
Date / Payee name // 3 // Stage Sijns Peint - DCS Signs State; Zip Code
1/3 Vistago Sijnis Peint - DCS State; Zip Code
1/3 Vistago Sijns Peint - DCS State; Zip Code
Amount (S) 58 Payee address; 451 Sold Lohman Fold Lago Vista Ty 786
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Sign Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense
Complete ONLY if direct
Date Payee name 1/12 //AR // October
Amount (\$) Payee address; City; State; Zip Code Amount (\$) Amount (\$) Amount (\$) Amount (\$) Category (See Categories listed at the top of this schedule) Description
PURPOSE PURPOSE PURPOSE
EXPENDITURE Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By ceholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District
Other (enter a category not listed above)

edit Card Payment	The Instruction Guide explains how to com	plete this form.
Total pages Schedule F1	1/	3 Filer ID (Ethics Commission Files)
2/23	5 Payee name Kuni Chamba	City; State; Zip Code
Amount (\$)	7 Payee address; // D O/ Be/34 A	Leve TX 76059 (b) Description
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Level
Complete ONLY if direct	(c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held
expenditure to benefit C/Ol	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense Office sought Office held
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office stag
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		
The second secon	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense Office sought Office held

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this form.
		→ Complete only if "Report Type" on page 1 is marked "Final Report" →
1	C/OH N	AME AME AME AME AME AME AME AME
3	SIGNA	TURE
	designa	expect any further political contributions or political expenditures in connection with my candidacy. I understand that ting a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any gon contributions or make any campaign expenditures without a campaign treasurer appointment. I also understand that I may not accept any gon contributions or make any campaign expenditures without a campaign treasurer appointment. Signature of Candidate / Officeholder
4	-	WHO IS NOT AN OFFICEHOLDER
	•• Com	plete A & B below only if you are not an officeholder. ••
	A.	CAMPAIGN FUNDS
	Chec	k only one:
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
	B.	ASSETS
	Chec	k only one:
		do not retain assets purchased with political contributions or interest or other income from political contributions.
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
5		EHOLDER uplete this section only if you are an officeholder ••
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
		Signature of Officeholder